

SPECIAL eBULLETIN

FOR PROFESSIONAL AND FACILITY PROVIDERS

AUG. 14, 2017

HIGHMARK DISCONTINUES PEER-TO-PEER REVIEW PROCESS FOR MEDICARE ADVANTAGE, EFFECTIVE SEPT. 12, 2017

Highmark's peer-to-peer review process for prior authorization requests for Medicare Advantage members will no longer be available beginning Sept. 12, 2017.

The peer-to-peer conversation offered providers the opportunity to discuss a pending adverse determination of an authorization request for medications or medical services with another peer designee from Highmark before Highmark made a final decision. Elimination of the Medicare Advantage peer-to-peer review process will benefit the member and the provider by resulting in a more timely and efficient processing of authorization requests.

With notification of a denial decision, providers and members will continue to be informed of their appeal rights and procedures. The denial letter will continue to include instructions on how a provider or member can request a Medicare Advantage appeal. The appeal will provide an opportunity for review of the initial determination and any additional documentation provided to support the request.

To ensure a thorough initial review of your authorization requests for medications or medical services for your Medicare Advantage patients, please be sure to:

- Submit all relevant medical records and pertinent information to support the request with the initial authorization request to Highmark.
- Respond promptly to any requests for additional information so a comprehensive review and decision can be made efficiently.

Note: The peer-to-peer review process for prior authorization requests will continue to be available for Commercial members.

